NAMI Connecticut
National Alliance on Mental Illness

Testimony of the National Alliance on Mental Illness (NAMI) of Connecticut Before the Insurance and Real Estate Committee

March 12, 2013

In Support of

H.B. 6612 AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS

Senator Crisco, Representative Megna and distinguished members of the Insurance and Real Estate Committee, my name is Daniela Giordano and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to support H.B 6612 An Act Concerning the Health Insurance Grievance Process for Adverse Determinations, to Office of the Healhtcare Advocate and Mental Health Parity Compliance Checks.

HB 6612 would positively address several important issues that affect consumers and the payers of insurance coverage who utilize mental health services.

Under current law, individuals who are covered by private insurance plans encounter many obstacles to timely and quality care for behavioral health conditions for themselves or their loved ones. These delays in and lack of access to services and supports to individuals and families increase the costs to families in the form of unnecessary suffering, disruption in relationships and lost income; increase the unnecessary utilization of higher levels of care when having to wait until a crisis occurs before treatment is covered; and increase the cost to everyone, including the state, when some families have to switch to public coverage where care is also more comprehensive and more timely. Other issues include the lack of transparency by insurance carriers regarding their standards for determinations and appeal reviews; lack of robust standards for clinicians conducting the reviews; and lengthy timeframes for reviews of urgent care requests or expedited appeals for denials of care resulting in re-admission to acute level of care as people cannot maintain stable mental health while awaiting health plans' decision. HB 6612 is an essential building block to making the complex, complicated and currently opaque process of obtaining behavioral health treatment via private insurance policies more accessible, understandable, and fair.

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HB 6612 would require:

1. More robust uniform standard for clinical peers across all reviews and determinations for all provider types.

2. That all determinations concerning a child/adolescent substance use or mental health treatment be conducted by a clinical peer who holds a national board certification in child and adolescent psychiatry or child and adolescent psychology, and has training or clinical experience in the treatment of child and adolescent substance use or child and adolescent mental disorder.

3. That utilization reviews be completed and determinations for urgent care requests be made within 24 hours, instead of 72 hours. 'Urgent care' would now include health care services or courses of treatment for a substance use disorder or co-occurring mental disorder and any request for inpatient mental health services, partial hospitalization for a mental disorder, or intensive outpatient mental health services necessary to keep a covered person from requiring an inpatient setting.

4. That all adverse determinations/denials be in writing. This writing must include a listing of any clinical review criteria, including professional criteria and medical or scientific evidence, that were used in reaching the denial, as well as provide notice that the insured individual can appeal the decision, and contact the Office of the Healthcare advocate for free assistance on the appeal process.

5. That the expedited appeals process be reduced from 72 hours to 24 hours for certain urgent care requests, including for health care services or courses of treatment for a substance use disorder or co-occurring mental disorder and any request for inpatient mental health services, partial hospitalization for a mental disorder, or intensive outpatient mental health services necessary to keep a covered person from requiring an inpatient setting.

6. With respect to concurrent reviews, that the treatment be continued without liability to the covered person for the duration of such review or of an adverse determination or a final adverse determination of such concurrent review.

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7. The Connecticut Insurance Department to select a method to review health insurance plans regarding their compliance with qualitative parity for behavioral health services and treatments as is required by federal Mental Health Parity Act and also report the results of such compliance checks.

8. The analysis of data in the consumer report card annually to find out how health care centers and licensed health insurers are doing regarding health care coverage in general.

We ask you to include in this bill the use of widely accepted mental health level of care guidelines and quality adequate peer review with respect to adults.

Thank you for your time. I am happy to answer any questions you may have.
Daniela Giordano